



**Fin & Feather Sports ~ Outdoor Adventure Program**  
HOPEDALE REGISTRATION FORM

Summer Session(s) # \_\_\_\_\_ Dates \_\_\_\_\_

Youth Name \_\_\_\_\_ Date of birth & Age \_\_\_\_\_

Youth Name \_\_\_\_\_ Date of birth & Age \_\_\_\_\_

Youth Name \_\_\_\_\_ Date of birth & Age \_\_\_\_\_

Address \_\_\_\_\_

City State & Zip \_\_\_\_\_

Home ph# \_\_\_\_\_ Parents Names \_\_\_\_\_

Cell ph# \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_

Email is required for communications before Camp

Emergency contact name \_\_\_\_\_ Emergency Ph# \_\_\_\_\_

Names of people authorized to pick up child 1.) \_\_\_\_\_

Allergies/Notes \_\_\_\_\_

**Location of Clinics: Hopedale Pond & Parklands- 4 Hopedale St Hopedale, MA**

<b>4 Day Sessions</b>	<b>Fee</b>	<b>Total</b>	<b>1 Day Sessions</b>	<b>Fee</b>	<b>Total</b>
Session H1 - 4 Day July 11-14	\$210		Session H1F 1 Day Friday July 15	\$65	
Session H2 - 4 Day July 25-28	\$210		Session H2F 1 Day Friday July 29	\$65	
Session H3 - 4 Day August 15-18	\$210		Session H3F 1 Day Friday August 19	\$65	
Session H4 - 4 Day August 22-25	\$210		Session H4F 1 Day Friday August 26	\$65	
Session HA1 - 4 Day July 25-28 High Adventures (age 12+)	\$248				
<b>5 Day Sessions</b>	<b>Fee</b>		<b>Outdoor Adventures Apparel</b>		
Session H1 - 5 Day July 11-15	\$275		T-shirts	\$10. each	
Session H2- 5 Day July 25-29	\$275		Hoodie Sweatshirts	\$28	
Session H3 - 5 Day August 15-19	\$275		Ball Caps	\$5	
Session H4 - 5 Day August 22-26	\$275				
Extended Day (after care)	\$8 hour				
			Discount Code:		
			<b>Total</b>		

**Extended Day is offered at \$8. Per hour p.p. 2 pm – 3 pm please Email us for option details!**

**Order Outdoor Adventure shirts now and receive them at camp.**

**Please circle sizes needed below**

**T-shirt sizes: Youth: med 10/12 or Lg 14/16    Adult sizes: Sm   Med   Lg   XL**

**Sweat Shirts \$28 Sizes: Youth Lg 14/16 or Adult Sm,   Med,   Lg**

**Sorry No Refunds! The Clinic will be held rain, or shine.**

x \_\_\_\_\_ DATE \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_

Parent Signature

Make all checks payable to: FIN AND FEATHER SPORTS Mail to: PO BOX 314 Upton, MA 01568 508-529-3901

**You will receive a welcome email with a check list prior to the week chosen, we look forward to meeting you.**

**Registration total \$ \_\_\_\_\_ + Shirt(s) total \$ \_\_\_\_\_ = Registration Total Due    \$ \_\_\_\_\_**

[Office use/ payment received on:] Date \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_ Paid \$ \_\_\_\_\_ By \_\_\_\_\_

Fin & Feather Sports ~ Outdoor Adventure Program RELEASE AND MEDICAL CONSENT

Please read, initial and sign at the bottom

**Hopedale Clinic** I, the parent/guardian of the person named on this form, a minor ("the registrant"), agree that I and the registrant will abide by the rules and policies of the Hopedale Parks Rec. Commission and its programs, including generally accepted standards of conduct, and understand that failure to adhere to such rules, policies, and standards may result in expulsion from the program without a refund. \_\_\_\_\_ parent/guardian initials

I recognize that the registrant may suffer physical injury as a result of the registrant's participation in the program. Accordingly, in consideration for accepting the registrant for participation in the program, on behalf of myself and the registrant, I hereby release, discharge, hold harmless, and indemnify the Towns of Hopedale and the Hopedale Parks Commission, Fin & Feather Sports of Upton, Inc., their affiliated organizations and sponsors and respective officers, directors, employees, coaches, committees, and associated personnel, including, without limitation, the owners of the fields and facilities utilized for the program(s), of and from any claims, demands, actions, causes of action, suits, and liability arising as a result of the registrant's participation in the program(s). \_\_\_\_\_ parent/guardian initials

CONSENT FOR MEDICAL TREATMENT OF A MINOR. As the parent or legal guardian of the minor named on this form, I give my consent to seek, obtain, and provide emergency medical treatment for such minor in case of injury that occurs while participating in Hopedale and Grafton Parks Commission programs and related activities. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of such minor. I understand that such treatment will be sought and provided only in an emergency and that reasonable efforts will be made to contact me before providing such treatment.

x \_\_\_\_\_ Date \_\_\_\_\_ 20\_\_\_\_

Signature of Parent/Legal Guardian

I have read and understood the Hopedale Parks & Recreation Department policies Find on town websites.

x \_\_\_\_\_ Date \_\_\_\_\_ 20\_\_\_\_

Signature of Parent/Legal Guardian

**2016 EARLY BIRD DISCOUNT**

**\$10 OFF**

**Registration in by June 30, 2016**

**Coupon Code EBHOPE10**

